

Exhibit 7

Reliable Washington DC
 555 12th Street NW
 Suite P300
 Washington, DC 20004
 Phone # 202-347-6644
 Fax # 202-347-1156
 customerservice@reliable-co.com
 Fed Id # 23-2473700



INVOICE

Date 05/12/10
 Number DC008243

Page 1

PAST DUE

22243

Sold To:
 Finnegan Henderson
 901 New York Avenue NW
 Washington, DC 20001

Ship To:
 Finnegan Henderson
 901 New York Avenue NW
 Washington, DC 20001

Customer ID DCC0333
 Our Order No. DC008243
 Terms Cash on Delivery
 Due Date 05/12/10
 Salesperson John Stuart Freestate

Client No./PO No 02021.8095
 P.O. Date 05/12/10
 Ordered By Elysia Fedorczyk
 Ship Via Hand Delivery

Product Code	Size	Originals	Sets	Total	Quantity	Unit	Unit Price	Total Price
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Client Matter #: 02021.8095

Ordered by Elysia Fedorczyk

Description: Depo Designations

CD: Print x 2 color

Binder: Copy x 2 Color for Color

Fed Ex: Delivery to NJ (client FX#)

CD PRINT TOTAL:

R00064		2,637	2	5,274	5,274	PAGE	0.99	5,221.26
Digital Printing Color 8 x 11								
BINDER COPY TOTAL:								

R00044		22	2	44	44	IMPRE	0.99	43.56
Duplicating Color- 8 x 11								
R00030		1,039	2	2,078	2,078	IMPRE	0.08	166.24
Duplicating- Light Litigation								
R00109		36	1	36	36	EA	0.35	12.60
Tabs Custom								
R00108		96	1	96	96	EA	0.35	33.60
Tabs Pre-printed								
R00001				132	132	EA	0.05	6.60
Inserted, Tabs								

PAST DUE

Reliable Washington DC
555 12th Street NW
Suite P300
Washington, DC 20004
Phone # 202-347-6644
Fax # 202-347-1156
customerservice@reliable-co.com
Fed Id # 23-2473700



INVOICE

Date 05/12/10
Number DC008243
Page 2

PAST DUE

Sold To:
Finnegan Henderson
901 New York Avenue NW
Washington, DC 20001

Ship To:
Finnegan Henderson
901 New York Avenue NW
Washington, DC 20001

Customer ID DCC0333
Our Order No. DC008243
Terms Cash on Delivery
Due Date 05/12/10
Salesperson John Stuart Freestate

Client No./PO No 02021.8095
P.O. Date 05/12/10
Ordered By Elysia Fedorczyk
Ship Via Hand Delivery

PAST DUE

Subtotal:	5,483.86
Sales Tax:	329.03
Total:	5,812.89
Paid at POS:	0.00
Payments/Credits Applied:	0.00
Total Due:	5,812.89

All payments are due and payable in full within 30 days from the date of invoice. A finance charge of 1.5% per month will be added on all past due amounts immediately following the date on which payment is due. Customer agrees to pay, in addition to the overdue amount and interest that has accrued thereon, all fees, costs and expenses incurred in connection with any collection or legal action, including, but not limited to reasonable attorneys' fees, costs and expenses.

Reliable maintains client data for thirty (30) days from date of delivery. Clients should review data upon delivery and immediately notify us of any problems. Deviations from the standard retention policy can be made upon request.

**DISBURSEMENT VOUCHER
AND CHECK REQUEST FOR CLIENT EXPENSE**

149273

☒ 01-DC ☐ 02-JAPAN ☐ 03-KOREA ☐ 04-BELGIUM ☐ 05-CALIF ☐ 06-ATLANTA
☐ 07-RESTON ☐ 08-CAMBRIDGE

FOR ACCOUNTING USE ONLY

Invoice Number: _____ Vendor Number: _____
Invoice Date: / / Pay Date: (days) / /20
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ US \$ _____
Acct. No. Off. Dept. Part. Total _____

Client No. Matter No. Amount
Charge to 02021 8095. 00000 US \$ 5,812.89
Charge to _____ _____ US \$ _____

☒ Make check payable to: Reliable Washington DC
☐ No check is required (Vendor Name) ☐ Return check to: _____
☐ No check is required (Charge Client) by (date) _____
☐ PTO Deposit Acct. _____
Prepared by: Brenda Coleman Ext. 41123 Date 6/24/00 Mail drop 9/5
Atty. Name: Bret Gerstman Atty.# 2279 Approval: Bret Gerstman

PTO/FEES

- 01 ☐ Application Filing Fee (\$ _____)
- 02 ☐ 1 Month Extension (\$ _____)
- 03 ☐ 2 Month Extension (\$ _____)
- 04 ☐ 3 Month Extension (\$ _____)
- 05 ☐ Extra Claim Fee (\$ _____)
- 06 ☐ Assignment Recordation Fee (\$ _____)
- 07 ☐ Notice of Appeal Fee (\$ _____)
- 08 ☐ Appeal Brief Fee (\$ _____)
- 09 ☐ Correction Fee (\$ _____)
- 10 ☐ Sections 8 & 15 Fee (\$ _____)
- 11 ☐ Issue Fee (\$ _____)
- 13 ☐ Petition Fee (\$ _____)
- 14 ☐ Missing Parts (\$ _____)
- 15 ☐ Multiple Copies (\$ _____)
- 17 ☐ Maintenance Fee (\$ _____)
- 19 ☐ Other PTO Fees (\$ _____)
- 52 ☐ Patent/TM Copies (\$ _____)
- ☐ _____
- ☐ _____

(for items not listed)

MISCELLANEOUS

- ☐ Atty. Travel of _____ to _____ on _____
- 61 ☐ Local Transportation
- 27 ☐ Court Costs
- ☐ _____

A/P RECEIVED

JUN 28 2010

(for items not listed)

MUST HAVE APPROVAL*

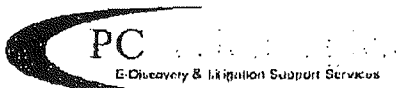
- 21 ☐ Court Reporter for _____ Deposition
- 22 ☐ Expert Witness _____ (Name)
- 20 ☐ Consulting Services _____ (Name)
- 25 ☐ Local Counsel for _____
- 23 ☐ Foreign/Associate Services _____
- 26 ☐ Translation of _____
- 16 ☐ Patent Annuity No. _____
- 28 ☐ Patent Services for _____
- 24 ☐ Draftsman Services _____
- 40 ☐ Search Services for _____
- 56 ☒ Outside Printing/Photocopying _____
- 64 ☐ In-house Photocopies
- 54 ☐ Other Outside Services
- ☐ _____
- ☐ _____

(for items not listed)

Additional description for billing purposes:

Copies of trial exhs. Bts and deposition designating
and also for the DCR of trial exhs. Bts

Each Invoice



1 Cape May Street
Harrison, N. J. 07029
Ph: 973-482-3030 Fax: 973-482-4411
E-mail: info@paperchasetech.com

30452

Invoice

Date	Invoice #
5/14/2010	14700

Bill To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Deliver To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Client /Matter#	Terms	Start Date	Rep	Called In by:	Tax ID 26-3378841
	Due on receipt	5/13/2010		Laura	
Item	Description	Rate	Qty	Amount	
T0004	Tiff Blow Back	0.07	7,322	\$12.54	
C0003	Color clicks 8 1/2" X 11	0.99	4,993	\$4,943.07	
T0001	Tabbs	0.35	15	\$5.25	
B0011	Binders:(3")	15.00	1	\$15.00	

3% Discount if Payment Received Within Net 30 of Invoice Date

PLEASE MAKE CHECKS PAYABLE TO PC TECHNOLOGIES

PC Technologies Accepts



CARD # _____ EXP. DATE _____

NAME ON CARD _____ SIGN _____

SECURITY CODE# _____ ADDRESS _____

Sales Tax (7.0%) \$383.31

Total \$5,859.17

Balance Due \$5,859.17

Free Pick up and Delivery based on \$25.00 minimum

**DISBURSEMENT VOUCHER
AND CHECK REQUEST FOR CLIENT EXPENSE**

126471

- ☐ 01-DC ☐ 02-JAPAN ☐ 03-KOREA ☐ 04-BELGIUM ☐ 05-CALIF ☐ 06-ATLANTA
☒ 07-RESTON ☐ 08-CAMBRIDGE

FOR ACCOUNTING USE ONLY

Invoice Number: _____ Vendor Number: _____
 Invoice Date: ____/____/____ Pay Date: (____ days) ____/____/20
☐☐☐☐☐ ☐☐ ☐☐ ☐☐☐☐☐
 Acct. No. Off. Dept. Part. US \$ _____
 Total _____

Charge to Client No. 02021 Matter No. 8095 - 00000 Amount US \$ 5,859.17
 Charge to _____ US \$ _____

☒ Make check payable to: PC Technologies ☐ Return check to: _____
☐ No check is required (Vendor Name) _____ by (date) _____
☐ No check is required (Charge Client) _____
☐ PTO Deposit Acct. Cowell Ex. 24/6 Date 5/19/6 Mail drop _____
 Prepared by: CE Dupuy Atty.# 27 Approval: CE 1
 Atty. Name: _____

PTO/FEEs

- 01 ☐ Application Filing Fee (\$ _____)
- 02 ☐ 1 Month Extension (\$ _____)
- 03 ☐ 2 Month Extension (\$ _____)
- 04 ☐ 3 Month Extension (\$ _____)
- 05 ☐ Extra Claim Fee (\$ _____)
- 06 ☐ Assignment Recordation Fee (\$ _____)
- 07 ☐ Notice of Appeal Fee (\$ _____)
- 08 ☐ Appeal Brief Fee (\$ _____)
- 09 ☐ Correction Fee (\$ _____)
- 10 ☐ Sections 8 & 15 Fee (\$ _____)
- 11 ☐ Issue Fee (\$ _____)
- 13 ☐ Petition Fee (\$ _____)
- 14 ☐ Missing Parts (\$ _____)
- 15 ☐ Multiple Copies (\$ _____)
- 17 ☐ Maintenance Fee (\$ _____)
- 19 ☐ Other PTO Fees (\$ _____)
- 52 ☐ Patent/TM Copies (\$ _____)

☐ _____
☐ _____
 (for items not listed)

MISCELLANEOUS

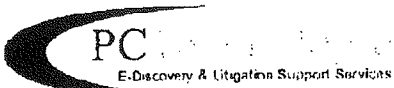
- ☐ Atty. Travel of _____ to _____ on _____
- 61 ☐ Local Transportation
- 27 ☐ Court Costs
- ☐ _____ (for items not listed)

MUST HAVE APPROVAL*

- 21 ☐ Court Reporter for _____ Deposition (Name)
- 22 ☐ Expert Witness _____ (Name)
- 20 ☐ Consulting Services _____ (Name)
- 25 ☐ Local Council for _____
- 23 ☐ Foreign/Associate Services _____
- 26 ☐ Translation of _____
- 16 ☐ Patent Annuity No. _____
- 28 ☐ Patent Services for _____
- 24 ☐ Draftsman Services _____
- 40 ☐ Search Services for _____
- 56 ☒ Outside Printing/Photocopying - copying materials
- 64 ☐ In-house Photocopies
- 54 ☐ Other Outside Services for witness binders for trial
- ☐ 5/13/10 (for items not listed)

Additional description for billing purposes:

*Attach Invoice



1 Cape May Street
Harrison, N. J. 07029
Ph: 973-482-3030 Fax: 973-482-4411
E-mail: info@paperchasetech.com

30652

Invoice

Date	Invoice #
5/18/2010	14715

Bill To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Deliver To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Client /Matter#	Terms	Start Date	Rep	Called in by:	Tax ID 26-3378841
02021.8095	Due on receipt	5/17/2010		McClafferty	
Item	Description	Rate	Qty	Amount	
T0004	Tiff Blow Back	0.07	41,496	2,904.72	
T0001	Tabs	0.35	400	140.00	

3% Discount if Payment Received Within Net 30 of Invoice Date

PLEASE MAKE CHECKS PAYABLE TO PC TECHNOLOGIES

PC Technologies Accepts



CARD # _____ EXP. DATE _____

NAME ON CARD _____ SIGN _____

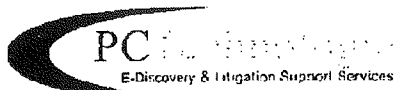
SECURITY CODE# _____ ADDRESS _____

Sales Tax (7.0%) \$213.13

Total \$3,257.85

Balance Due \$3,257.85

Free Pick up and Delivery based on \$25.00 minimum



1 Cape May Street
Harrison, N. J. 07029
Ph: 973-482-3030 Fax: 973-482-4411
E-mail: info@paperchasetech.com

30652

Invoice

Date	Invoice #
5/19/2010	14731

Bill To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Deliver To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Client /Matter#	Terms	Start Date	Rep	Called in by:	Tax ID 26-3378841
02021.8095	Due on receipt	5/19/2010		McClafferty	
Item	Description	Rate	Qty	Amount	
L0002	Litigation copying.	0.07	15,514	1,085.98	
T0001	Tabs	0.35	201	70.35	

3% Discount if Payment Received Within Net 30 of Invoice Date

PLEASE MAKE CHECKS PAYABLE TO PC TECHNOLOGIES

PC Technologies Accepts



CARD # _____ EXP. DATE _____

NAME ON CARD _____ SIGN _____

SECURITY CODE# _____ ADDRESS _____

Sales Tax (7.0%) \$80.94

Total \$1,237.27

Balance Due \$1,237.27

Free Pick up and Delivery based on \$25.00 minimum

**DISBURSEMENT VOUCHER
AND CHECK REQUEST FOR CLIENT EXPENSE**

148499

☐ 01-DC ☐ 02-JAPAN ☐ 03-KOREA ☐ 04-BELGIUM ☐ 05-CALIF ☐ 06-ATLANTA
☒ 07-RESTON ☐ 08-CAMBRIDGE

FOR ACCOUNTING USE ONLY

Invoice Number: _____		Vendor Number: _____	
Invoice Date: / /		Pay Date: (days) / /20	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Acct. No.	Off.	Dept.	Part.
US \$ _____		Total _____	

	Client No.	Matter No.	Amount
X	Charge to <u>02021</u>	<u>8095</u> . <u>00000</u>	US \$ <u>1237.27</u>
	Charge to _____		US \$ _____

☒ Make check payable to: PC Technologies
☐ No check is required (Vendor Name) _____ ☐ Return check to: _____
☐ No check is required (Charge Client) _____ by (date) _____
☐ PTO Deposit Acct. _____
Prepared by: Scot Burwell Ext. 2416 Date 7/19/10 Mail drop _____
Atty. Name: Scot Burwell Atty.# 670 Approval: [Signature]

PTO/FEE'S

- 01 ☐ Application Filing Fee (\$ _____)
- 02 ☐ 1 Month Extension (\$ _____)
- 03 ☐ 2 Month Extension (\$ _____)
- 04 ☐ 3 Month Extension (\$ _____)
- 05 ☐ Extra Claim Fee (\$ _____)
- 06 ☐ Assignment Recordation Fee (\$ _____)
- 07 ☐ Notice of Appeal Fee (\$ _____)
- 08 ☐ Appeal Brief Fee (\$ _____)
- 09 ☐ Correction Fee (\$ _____)
- 10 ☐ Sections 8 & 15 Fee (\$ _____)
- 11 ☐ Issue Fee (\$ _____)
- 13 ☐ Petition Fee (\$ _____)
- 14 ☐ Missing Parts (\$ _____)
- 15 ☐ Multiple Copies (\$ _____)
- 17 ☐ Maintenance Fee (\$ _____)
- 19 ☐ Other PTO Fees (\$ _____)
- 52 ☐ Patent/TM Copies (\$ _____)

☐ _____
☐ _____
(for items not listed)

MISCELLANEOUS

- ☐ Atty. Travel of _____ **A/P RECEIVED**
to _____
on _____ **A/P RECEIVED**
- 61 ☐ Local Transportation
- 27 ☐ Court Costs
- ☐ _____

JUL 20 2010

(for items not listed)

MUST HAVE APPROVAL*

- 21 ☐ Court Reporter for _____ Deposition
- 22 ☐ Expert Witness _____ (Name)
- 20 ☐ Consulting Services _____ (Name)
- 25 ☐ Local Counsel for _____
- 23 ☐ Foreign/Associate Services _____
- 26 ☐ Translation of _____
- 16 ☐ Patent Annuity No. _____
- 28 ☐ Patent Services for _____
- 24 ☐ Draftsman Services _____
- 40 ☐ Search Services for _____
- 56 ☒ Outside Printing/Photocopying for witness
- 64 ☐ In-house Photocopies
- 54 ☐ Other Outside Services
- ☐ _____
- ☐ _____

Additional description for billing purposes:

materials while at trial (5/19) (for items not listed)

*Attach Invoice



E-Discovery & Litigation Support Services
1 Cape May Street
Harrison, N. J. 07029
Ph: 973-482-3030 Fax: 973-482-4411
E-mail: info@paperchasetech.com

30652

Invoice

Date	Invoice #
5/21/2010	14743

Bill To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

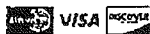
Deliver To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Client /Matter#	Terms	Start Date	Rep	Called in by:	Tax ID 26-3378841
02021.8095	Due on receipt	5/20/2010		McClafferty	
Item	Description	Rate	Qty	Amount	
T0004	Tiff Blow Back	0.07	22,241	1,556.87	
T0001	Tubs	0.35	694	242.90	

3% Discount if Payment Received Within Net 30 of Invoice Date

PLEASE MAKE CHECKS PAYABLE TO PC TECHNOLOGIES

PC Technologies Accepts



CARD # _____ EXP. DATE _____

NAME ON CARD _____ SIGN _____

SECURITY CODE# _____ ADDRESS _____

Sales Tax (7.0%) \$125.98

Total \$1,925.75

Balance Due \$1,925.75

Free Pick up and Delivery based on \$25.00 minimum

**DISBURSEMENT VOUCHER
AND CHECK REQUEST FOR CLIENT EXPENSE**

126473

☐ 01-DC ☐ 02-JAPAN ☐ 03-KOREA ☐ 04-BELGIUM ☐ 05-CALIF ☐ 06-ATLANTA
☒ 07-RESTON ☐ 08-CAMBRIDGE

FOR ACCOUNTING USE ONLY

Invoice Number: _____ Vendor Number: _____
 Invoice Date: ____/____/____ Pay Date: (____ days) ____/____/20
☐☐☐☐☐ ☐☐ ☐☐ ☐☐☐☐☐☐ US \$ _____
 Acct. No. Off. Dept. Part. Total

N Charge to Client No. 02021 Matter No. 8095 Amount 00000 US \$ 1,925.75
 Charge to _____ US \$ _____

☒ Make check payable to: PC Technologies
☐ No check is required (Vendor Name) _____ ☐ Return check to: _____
☐ No check is required (Charge Client) _____ by (date) _____
☐ PTO Deposit/Agmt _____
 Prepared by: Chured Ext. 2416 Date 5/4/10 Mail drop _____

Atty. Name: C. E. Lepany Atty.# 27 Approval: C. E. Lepany
 PTO/FEES MISCELLANEOUS

- 01 ☐ Application Filing Fee (\$ _____)
- 02 ☐ 1 Month Extension (\$ _____)
- 03 ☐ 2 Month Extension (\$ _____)
- 04 ☐ 3 Month Extension (\$ _____)
- 05 ☐ Extra Claim Fee (\$ _____)
- 06 ☐ Assignment Recordation Fee (\$ _____)
- 07 ☐ Notice of Appeal Fee (\$ _____)
- 08 ☐ Appeal Brief Fee (\$ _____)
- 09 ☐ Correction Fee (\$ _____)
- 10 ☐ Sections 8 & 15 Fee (\$ _____)
- 11 ☐ Issue Fee (\$ _____)
- 12 ☐ Petition Fee (\$ _____)
- 13 ☐ Missing Parts (\$ _____)
- 14 ☐ Multiple Copies (\$ _____)
- 17 ☐ Maintenance Fee (\$ _____)
- 19 ☐ Other PTO Fees (\$ _____)
- 52 ☐ Patent/TM Copies (\$ _____)
- ☐ _____
- ☐ _____

(for items not listed)

- ☐ Atty. Travel of _____ to _____ on _____
- 61 ☐ Local Transportation
- 27 ☐ Court Costs
- ☐ _____

(for items not listed)

MUST HAVE APPROVAL*

- 21 ☐ Court Reporter for _____ Deposition
- 22 ☐ Expert Witness _____ (Name)
- 20 ☐ Consulting Services _____ (Name)
- 25 ☐ Local Counsel for _____
- 23 ☐ Foreign/Associate Services _____
- 26 ☐ Translation of _____
- 16 ☐ Patent Annuity No. _____
- 28 ☐ Patent Services for _____
- 24 ☐ Draftsman Services _____
- 40 ☐ Search Services for _____
- 56 ☒ Outside Printing/Photocopying copying exhibits
- 64 ☐ In-house Photocopies
- 54 ☐ Other Outside Services
- ☐ _____
- ☐ _____

(for items not listed)

Additional description for billing purposes:

for witness binders during trial

*Attach Invoice



1 Cape May Street
Harrison, N. J. 07029
Ph: 973-482-3030 Fax: 973-482-4411
E-mail: info@paperchasetech.com

30652

Invoice

Date	Invoice #
5/24/2010	14744

Bill To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Deliver To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Client /Matter#	Terms	Start Date	Rep	Called in by:	Tax ID 26-3378841
02021.8095	Due on receipt	5/22/2010		Laura	
Item	Description	Rate	Qty	Amount	
T0004	Tiff Blow Back	0.07	17,665	1,236.55	
T0001	Tab	0.35	414	144.90	

3% Discount if Payment Received Within Net 30 of Invoice Date

PLEASE MAKE CHECKS PAYABLE TO PC TECHNOLOGIES

PC Technologies Accepts



CARD# _____ EXP. DATE _____

NAME ON CARD _____ SIGN _____

SECURITY CODE# _____ ADDRESS _____

Sales Tax (7.0%) \$96.70

Total \$1,478.15

Balance Due \$1,478.15

Free Pick up and Delivery based on \$25.00 minimum

**DISBURSEMENT VOUCHER
AND CHECK REQUEST FOR CLIENT EXPENSE**

126472

☐ 01-DC ☐ 02-JAPAN ☐ 03-KOREA ☐ 04-BELGIUM ☐ 05-CALIF ☐ 06-ATLANTA
☒ 07-RESTON ☐ 08-CAMBRIDGE
FOR ACCOUNTING USE ONLY

Invoice Number: _____		Vendor Number: _____	
Invoice Date: / /		Pay Date: (days) / /20	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	US \$ _____
Acct. No.	Off.	Dept.	Part.
			Total _____

☒ Charge to Client No. 02021 Matter No. 8095 Amount 00000 US \$ 1,478.15
Charge to _____ US \$ _____

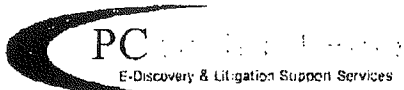
☐ Make check payable to: PC Technologies ☐ Return check to: _____
☐ No check is required (Vendor Name) _____ by (date) _____
☐ No check is required (Charge Client) _____
☐ PTO Deposit App. _____
Prepared by: CE Ext. 246 Date 5/24/10 Mail drop _____
Atty. Name: CE Atty.# 27 Approval: CE

- PTO/FEES**
- 01 ☐ Application Filing Fee (\$ _____)
 - 02 ☐ 1 Month Extension (\$ _____)
 - 03 ☐ 2 Month Extension (\$ _____)
 - 04 ☐ 3 Month Extension (\$ _____)
 - 05 ☐ Extra Claim Fee (\$ _____)
 - 06 ☐ Assignment Recordation Fee (\$ _____)
 - 07 ☐ Notice of Appeal Fee (\$ _____)
 - 08 ☐ Appeal Brief Fee (\$ _____)
 - 09 ☐ Correction Fee (\$ _____)
 - 10 ☐ Sections 8 & 15 Fee (\$ _____)
 - 11 ☐ Issue Fee (\$ _____)
 - 13 ☐ Petition Fee (\$ _____)
 - 14 ☐ Missing Parts (\$ _____)
 - 15 ☐ Multiple Copies (\$ _____)
 - 17 ☐ Maintenance Fee (\$ _____)
 - 19 ☐ Other PTO Fees (\$ _____)
 - 52 ☐ Patent/TM Copies (\$ _____)
 - ☐ _____
 - ☐ _____
- (for items not listed)

- MISCELLANEOUS**
- ☐ Atty. Travel of _____ to _____ on _____
 - 61 ☐ Local Transportation
 - 27 ☐ Court Costs
 - ☐ _____
- (for items not listed)

- MUST HAVE APPROVAL***
- 21 ☐ Court Reporter for _____ Deposition
 - 22 ☐ Expert Witness _____ (Name)
 - 20 ☐ Consulting Services _____ (Name)
 - 23 ☐ Local Counsel for _____
 - 23 ☐ Foreign/Associate Services _____
 - 26 ☐ Translation of _____
 - 16 ☐ Patent Annuity No. _____
 - 28 ☐ Patent Services for _____
 - 24 ☐ Draftsman Services _____
 - 40 ☐ Search Services for _____
 - 56 ☒ Outside Printing/Photocopying copying exhibits
 - 64 ☐ In-house Photocopies
 - 54 ☐ Other Outside Services
 - ☐ _____
 - ☐ _____
- (for items not listed)

Additional description for billing purposes: for witness binders during trial *Attach Invoice



1 Cape May Street
Harrison, N. J. 07029
Ph: 973-482-3030 Fax: 973-482-4411
E-mail: info@paperchasetechnology.com

306052

Invoice

Date	Invoice #
5/25/2010	14755

Bill To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Deliver To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Client /Matter#	Terms	Start Date	Rep	Called in by:	Tax ID 26-3378841
02021.8095	Due on receipt	5/25/2010		McClafferty	
Item	Description	Rate	Qty	Amount	
T0004	Tiff Blow Back	0.07	16,731	1,171.17	
T0001	Tabs	0.35	227	79.45	

3% Discount if Payment Received Within Net 30 of Invoice Date

PLEASE MAKE CHECKS PAYABLE TO PC TECHNOLOGIES

PC Technologies Accepts



CARD # _____ EXP. DATE _____

NAME ON CARD _____ SIGN _____

SECURITY CODE# _____ ADDRESS _____

Sales Tax (7.0%) \$87.54

Total \$1,338.16

Balance Due \$1,338.16

Free Pick up and Delivery based on \$25.00 minimum

**DISBURSEMENT VOUCHER
AND CHECK REQUEST FOR CLIENT EXPENSE**

148500

☐ 01-DC ☒ 02-JAPAN ☐ 03-KOREA ☐ 04-BELGIUM ☐ 05-CALIF ☐ 06-ATLANTA
☒ 07-RESTON ☐ 08-CAMBRIDGE
FOR ACCOUNTING USE ONLY

Invoice Number: _____ Vendor Number: _____
Invoice Date: ____/____/____ Pay Date: (____ days) ____/____/20____
☐☐☐☐☐ ☐☐ ☐☐ ☐☐ US \$ _____
Acct. No. Off. Dept. Part. Total

Client No. 02021 Matter No. 8095-00000 Amount US \$ 1338.16
Charge to _____ US \$ _____
Charge to _____ US \$ _____

Make check payable to: PC Technologies
☐ No check is required (Vendor Name) ☐ Return check to: _____
☐ No check is required (Charge Client) by (date) _____ **A/P RECEIVED**
☐ PTO Deposit Acct.
Prepared by: Crowder Ext. 2416 Date 7/19/10 Mail drop _____ **JUL 27 2010**
Atty. Name: Scott Burwood Atty.# 670 Approval: [Signature]

PTO/FEEs

- 01 ☐ Application Filing Fee (\$ _____)
- 02 ☐ 1 Month Extension (\$ _____)
- 03 ☐ 2 Month Extension (\$ _____)
- 04 ☐ 3 Month Extension (\$ _____)
- 05 ☐ Extra Claim Fee (\$ _____)
- 06 ☐ Assignment Recordation Fee (\$ _____)
- 07 ☐ Notice of Appeal Fee (\$ _____)
- 08 ☐ Appeal Brief Fee (\$ _____)
- 09 ☐ Correction Fee (\$ _____)
- 10 ☐ Sections 8 & 15 Fee (\$ _____)
- 11 ☐ Issue Fee (\$ _____)
- 13 ☐ Petition Fee (\$ _____)
- 14 ☐ Missing Parts (\$ _____)
- 15 ☐ Multiple Copies (\$ _____)
- 17 ☐ Maintenance Fee (\$ _____)
- 19 ☐ Other PTO Fees (\$ _____)
- 52 ☐ Patent/TM Copies (\$ _____)
- ☐ _____
- ☐ _____

(for items not listed)

MISCELLANEOUS

- ☐ Atty. Travel of _____ **A/P RECEIVED**
- to _____
- on _____
- 61 ☐ Local Transportation **JUL 20 2010**
- 27 ☐ Court Costs
- ☐ _____

(for items not listed)

MUST HAVE APPROVAL*

- 21 ☐ Court Reporter for _____ Deposition
- 22 ☐ Expert Witness _____ (Name)
- 20 ☐ Consulting Services _____ (Name)
- 25 ☐ Local Counsel for _____
- 23 ☐ Foreign/Associate Services _____
- 26 ☐ Translation of _____
- 16 ☐ Patent Annuity No. _____
- 28 ☐ Patent Services for _____
- 24 ☐ Draftsman Services _____
- 40 ☐ Search Services for _____
- 56 ☒ Outside Printing/Photocopying witness
- 64 ☐ In-house Photocopies
- 54 ☐ Other Outside Services
- ☐ _____
- ☐ _____

Additional description for billing purposes:

materials while at trial (5/25)

(for items not listed)

*Attach Invoice

PCTechnologies
E-Discovery & Litigation Support Services

1 Cape May Street
Harrison, N. J. 07029
Ph: 973-482-3030 Fax: 973-482-4411
E-mail: info@paperchasetech.com

Invoice

Date	Invoice #
5/26/2010	14757

Bill To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Deliver To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Client /Matter#	Terms	Start Date	Rep	Called in by:	Tax ID 26-3378841
02021.8095	Due on receipt	5/25/2010		McClafferty	

Item	Description	Rate	Qty	Amount
T0004	Tiff Blow Back	0.07	36,328	2,542.96
T0001	Tab	0.35	1,217	425.95

3% Discount if Payment Received Within Net 30 of Invoice Date

PLEASE MAKE CHECKS PAYABLE TO PC TECHNOLOGIES

PC Technologies Accepts



CARD# _____ EXP. DATE _____

NAME ON CARD _____ SIGN _____

SECURITY CODE# _____ ADDRESS _____

Sales Tax (7.0%) \$207.82

Total \$3,176.73

Balance Due \$3,176.73

Free Pick up and Delivery based on \$25.00 minimum

**DISBURSEMENT VOUCHER
AND CHECK REQUEST FOR CLIENT EXPENSE**

126474

☐ 01-DC ☐ 02-JAPAN ☐ 03-KOREA ☐ 04-BELGIUM ☐ 05-CALIF ☐ 06-ATLANTA

☒ 07-RESTON ☐ 08-CAMBRIDGE

FOR ACCOUNTING USE ONLY

Invoice Number: _____		Vendor Number: _____	
Invoice Date: / /		Pay Date: (days) / /20	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Acct. No.	Off.	Dept.	Part.
			US \$ _____
			Total _____

	<u>Client No.</u>	<u>Matter No.</u>	<u>Amount</u>
<input checked="" type="checkbox"/> Charge to	<u>02021</u>	<u>8095 . 00000</u>	US \$ <u>3,176.73</u>
Charge to	_____	_____	US \$ _____

☒ Make check payable to: PC Technologies

☐ No check is required (Vendor Name) _____ ☐ Return check to: _____

☐ No check is required (Charge Client) _____ by (date) _____

☐ PTO Deposit Acct. _____

Prepared by: C. Bruce Ext. 2416 Date 5/26/10 Mail drop _____

Atty. Name: C. E. Lapsley Atty.# 27 Approval: C. E. Lapsley

PTO/FEES

- 01 ☐ Application Filing Fee (\$ _____)
- 02 ☐ 1 Month Extension (\$ _____)
- 03 ☐ 2 Month Extension (\$ _____)
- 04 ☐ 3 Month Extension (\$ _____)
- 05 ☐ Extra Claim Fee (\$ _____)
- 06 ☐ Assignment Recordation Fee (\$ _____)
- 07 ☐ Notice of Appeal Fee (\$ _____)
- 08 ☐ Appeal Brief Fee (\$ _____)
- 09 ☐ Correction Fee (\$ _____)
- 10 ☐ Sections 8 & 15 Fee (\$ _____)
- 11 ☐ Issue Fee (\$ _____)
- 13 ☐ Petition Fee (\$ _____)
- 14 ☐ Missing Parts (\$ _____)
- 15 ☐ Multiple Copies (\$ _____)
- 17 ☐ Maintenance Fee (\$ _____)
- 19 ☐ Other PTO Fees (\$ _____)
- 52 ☐ Patent/TM Copies (\$ _____)

☐ _____
☐ _____
(for items not listed)

MISCELLANEOUS

- ☐ Any. Travel of _____ to _____ on _____
- 61 ☐ Local Transportation
- 27 ☐ Court Costs
- ☐ _____

(for items not listed) **JUN 07 2010**

MUST HAVE APPROVAL*

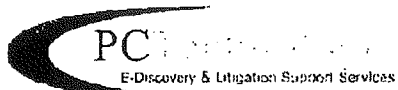
- 21 ☐ Court Reporter for _____ Deposition
- 22 ☐ Expert Witness _____ (Name)
- 20 ☐ Consulting Services _____ (Name)
- 25 ☐ Local Counsel for _____
- 23 ☐ Foreign/Associate Services _____
- 26 ☐ Translation of _____
- 16 ☐ Patent Annuity No. _____
- 28 ☐ Patent Services for _____
- 24 ☐ Draftsman Services _____
- 40 ☐ Search Services for _____
- 56 ☒ Outside Printing/Photocopying copying
- 64 ☐ In-house Photocopies
- 54 ☐ Other Outside Services
- ☐ _____
- ☐ _____

Additional description for billing purposes:

exhibits for witness binders at trial

(for items not listed)

*Attach Invoice



1 Cape May Street
Harrison, N. J. 07029
Ph: 973-482-3030 Fax: 973-482-4411
E-mail: info@paperchasetechn.com

30652

Invoice

Date	Invoice #
5/27/2010	14762

Bill To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

Deliver To
Finnegan Henderson 901 New York Ave. NW Washington, DC 20001 Attn: Laura McClafferty

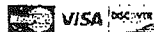
Client /Matter#	Terms	Start Date	Rep	Called in by:	Tax ID 26-3378841
02021.8095	Due on receipt	5/27/2010		McClafferty	

Item	Description	Rate	Qty	Amount
T0004	Tiff Blow Back	0.07	8,193	573.51
T0001	Tabs	0.35	324	113.40

3% Discount if Payment Received Within Net 30 of Invoice Date

PLEASE MAKE CHECKS PAYABLE TO PC TECHNOLOGIES

PC Technologies Accepts



CARD# _____ EXP. DATE _____

NAME ON CARD _____ SIGN _____

SECURITY CODE# _____ ADDRESS _____

Sales Tax (7.0%) \$48.08

Total \$734.99

Balance Due \$734.99

Free Pick up and Delivery based on \$25.00 minimum

**DISBURSEMENT VOUCHER
AND CHECK REQUEST FOR CLIENT EXPENSE**

148770

☒ 01-DC ☐ 02-JAPAN ☐ 03-KOREA ☐ 04-BELGIUM ☐ 05-CALIF ☐ 06-ATLANTA
☒ 07-RESTON ☐ 08-CAMBRIDGE

FOR ACCOUNTING USE ONLY

Invoice Number: _____ Vendor Number: _____
Invoice Date: ____/____/____ Pay Date: (____ days) ____/____/20____
☐☐☐☐☐☐ ☐☐ ☐☐ ☐☐ US \$ _____
Acct. No. Off. Dept. Part. Total _____

Client No. _____ Matter No. _____ Amount
Charge to 02021 8095.00000 US \$ 734.99
Charge to _____ US \$ _____

Make check payable to: PC Technologies
☐ No check is required (Vendor Name) ☐ Return check to: _____
☐ No check is required (Charge Client) by (date) _____
☐ PTO Deposit Account
Prepared by: Scott Burwell Ext. 2416 Date 7/19/10 Mail drop _____

Atty. Name: Scott Burwell Atty.# 670 Approval: 84789

PTO/FEES

- 01 ☐ Application Filing Fee (\$ _____)
- 02 ☐ 1 Month Extension (\$ _____)
- 03 ☐ 2 Month Extension (\$ _____)
- 04 ☐ 3 Month Extension (\$ _____)
- 05 ☐ Extra Claim Fee (\$ _____)
- 06 ☐ Assignment Recordation Fee (\$ _____)
- 07 ☐ Notice of Appeal Fee (\$ _____)
- 08 ☐ Appeal Brief Fee (\$ _____)
- 09 ☐ Correction Fee (\$ _____)
- 10 ☐ Sections 2 & 15 Fee (\$ _____)
- 11 ☐ Issue Fee (\$ _____)
- 13 ☐ Petition Fee (\$ _____)
- 14 ☐ Missing Parts (\$ _____)
- 15 ☐ Multiple Copies (\$ _____)
- 17 ☐ Maintenance Fee (\$ _____)
- 19 ☐ Other PTO Fees (\$ _____)
- 52 ☐ Patent/TM Copies (\$ _____)

☐ _____
☐ _____
(for items not listed)

MISCELLANEOUS

- ☐ Atty. Travel of _____ to _____ on _____
- 61 ☐ Local Transportation **A/P RECEIVED**
- 27 ☐ Court Costs
- ☐ _____ **JUL 20 2010**
(for items not listed)

MUST HAVE APPROVAL*

- 21 ☐ Court Reporter for _____ Deposition
- 22 ☐ Expert Witness _____ (Name)
- 20 ☐ Consulting Services _____ (Name)
- 25 ☐ Local Counsel for _____
- 23 ☐ Foreign/Associate Services _____
- 26 ☐ Translation of _____
- 16 ☐ Patent Annuity No. _____
- 28 ☐ Patent Services for _____
- 24 ☐ Draftsman Services _____
- 40 ☐ Search Services for _____
- 56 ☒ Outside Printing/Photocopying witness
- 64 ☐ In-house Photocopies
- 54 ☐ Other Outside Services
- ☐ _____
- ☐ _____
(for items not listed)

Additional description for billing purposes:

materials while at trial (5/27) *Attach Invoice